

November 19, 1997

Implementation Of An Interim VA Healthcare Enrollment System

1. PURPOSE: The purpose of this Veterans Health Administration (VHA) Directive is to implement an interim system of annual patient enrollment in preparation for full national implementation as mandated by Title 38 United States Code (U.S.C.) 1705.

2. BACKGROUND

a. Public Law (Pub. L.) 104-262, the “Veterans’ Health Care Eligibility Reform Act of 1996”, mandated the Department of Veterans Affairs (VA) to establish and implement a national enrollment system to manage the delivery of healthcare services. Pub. L. 104-262 further legislated that effective October 1, 1998, veterans must be enrolled to receive care, with the exception of veterans needing treatment for a service-connected (SC) condition, veterans with SC disabilities rated 50% or more, and veterans discharged or released from active duty for a compensable disability that was incurred or aggravated in the line of duty during the 12-month period following separation. The law also requires VA to manage the enrollment of veterans in accordance with a series of priorities as follows:

- (1) Veterans with SC disabilities rated 50% and above.
- (2) Veterans with SC disabilities rated 30% or 40%.
- (3) Former Prisoners of Wars (POWs), veterans with SC disabilities rated 10% and 20%, veterans discharged from Active Duty for compensable conditions incurred or aggravated in the line of duty, and veterans in receipt of, or eligible for compensation under Section 1151.
- (4) Veterans who are in receipt of VA pension benefits with aid and attendance or housebound benefits and other mandatory veterans (Enrollment Priority Groups 5 or 6) who are determined by VA to have a catastrophic disability.
- (5) Nonservice-connected (NSC) veterans and SC veterans rated 0% disabled who are unable to defray the expense of healthcare (annual income and net worth below the means test threshold).
- (6) All other eligible veterans who are not required to make co-payments for their care including: World War I and Mexican Border War veterans, veterans receiving care for exposure to toxic substances or environmental hazards and compensable 0% SC veterans.
- (7) Non-compensable 0% SC and NSC veterans able to defray the expense of healthcare (annual income and net worth above the means test threshold).

b. To prepare to meet the legislative mandate that veterans must be enrolled to receive services effective October 1, 1998, an interim national system of “rolling enrollment” will be

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implemented. Under “rolling enrollment”, veterans may apply to enroll at any time during the year and, when they are enrolled, they will be given an individual enrollment term of one year. The period October 1, 1997 through September 30, 1998 will be used to give veterans time to learn about the enrollment requirement and apply for enrollment. It will also give VHA time to build an enrolled population and refine enrollment procedures prior to the mandatory implementation date of October 1, 1998.

c. In accordance with Pub. L. 104-262, enrollment will be an annual process. Regulations will be issued on the process, including renewal of enrollment, before October 1, 1998.

3. DEFINITIONS FOR PURPOSES OF ENROLLMENT

a. Applicant. An applicant is a veteran who has applied for enrollment in the VA healthcare enrollment system.

b. Enrollee. An enrollee is defined as a veteran who has applied for VA medical services under 38 U.S.C. 1710, been accepted for such care, and received confirmation of enrollment in the VA healthcare system.

c. Rolling Enrollment. Acceptance of applications and enrollment at any time during the year with the assignment of an individual enrollment term of one year.

4. POLICY

a. It is VA policy that effective October 1, 1997, an application for enrollment will be accepted by all VA healthcare facilities from any veteran not currently in the facility's VistA database who is seeking enrollment for care under the authority of 38 U.S.C. 1710(a)(2) or (3). Veterans who have used the system since October 1, 1996, do not have to apply for enrollment; an application will automatically be processed for them centrally by the Health Eligibility Center (HEC). Although veterans with SC disabilities VA rated 50% or greater (Priority Group 1) and veterans seeking care only for their SC condition are not required to be enrolled, they are encouraged to do so.

b. Veterans whose application for enrollment are accepted by individual VA healthcare facilities will not be enrolled until Phase 2 of the Interim Enrollment System, which begins February, 1998, when national enrollment software is installed in the HEC. Beginning in February, 1998, VA will enroll veterans starting with the highest priority groups, assign each veteran an enrollment term of one year, and provide formal written notice of enrollment to each veteran. This enrollment will include both new applicants and veterans who have used the system since October, 1996.

c. No veteran will be assigned the designation of “catastrophically disabled” in the Enrollment Priority Group 4 until further notice.

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d. Enrollment in the VA healthcare system authorizes the veteran to receive comprehensive inpatient and outpatient services that are determined to be medically necessary. The full range of services must be provided within each VA Network. Each Network Director is responsible for determining whether a particular service will be provided directly and by which facilities and for determining which services will be provided by contract or referral outside the Network. Further guidance on national healthcare benefits will be provided in a separate issue.

e. Veterans may continue to receive healthcare services during the period October 1, 1997, to September 30, 1998, whether or not they are actually enrolled.

f. Authority to provide healthcare for emergency and humanitarian purposes remains unchanged (38 U.S.C Section 1711(b)).

g. Exceptions to enrollment priorities for “compelling medical reasons” will not be granted during the test year. Networks and facilities are asked to monitor and report situations which might warrant exception after October 1, 1998, and which are not covered under the authority in 38 U.S.C. Section 1711(b).

5. ACTION: Veterans Integrated Service Network Directors and healthcare facility directors are responsible for implementing this Directive. In order to implement this Directive the following actions are necessary:

a. All VHA healthcare facilities must install VistA Software Patch DG*5.3*121 in accordance with VHA Directive 97-043.

b. VHA healthcare facility staff will take enrollment information from each veteran identified in Paragraph 3.a., above, who is presenting for care or requests enrollment. Nonveteran patients will not be included in the enrollment system.

c. Veterans will be asked to identify the VA healthcare facility at which they prefer to receive their primary care. This information will be entered into VistA as the veteran’s preferred facility.

d. To conduct special examinations and treatment under authorities other than 1710 (e.g., Compensation & Pension examinations, special registry examinations, Class II Dental treatment, etc.) enrollment is not required. Facilities are encouraged to enroll such veterans.

6. REFERENCES:

a. Title 38 USC Section 1705.

b. Pub. L. 104-262, dated October 9, 1996.

c. PIMS V. 5.3 User Manual, ADT Module.

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7. FOLLOW-UP RESPONSIBILITIES: The Director, Health Administration Service (161A), is responsible for the contents of this VHA Directive.

8. RESCISSIONS: This VHA Directive will expire on October 1, 1998.

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Under Secretary for Health

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